



ARIZONA STATE RETIREMENT SYSTEM (ASRS)

Supplemental Salary Deferral Plan (SSDP)



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NRM-21876AZ-AS.2 (09/23)





BENEFITS OF THE PLAN



COMMITMENT TO EXCELLENCE

People

Local Retirement Specialists (RS) who can come to you and your staff throughout the year

A Personal Retirement Consultant (PRC) offering free financial planning

Local Phoenix full-service walk-in office and phone support

Evening and Saturday phone support

Toll-free 1-888-292-1401
azssdp.com

Retirement Readiness

Social Security, health care in retirement and tax distribution planning webinars

Personalized participant engagement program messaging

My Interactive Retirement PlannerSM with ASRS Pension to calculate retirement needs

Hands-on and hands-off investment options to help all types of investors

Investment advice through the My Investment PlannerSM Tool (at no cost)

Mobile-responsive participant website and mobile app

Flexibility and the power of ASRS

The official supplementary retirement plan of the Arizona State Retirement System

Over \$300 million in plan assets means high-quality investments with low cost

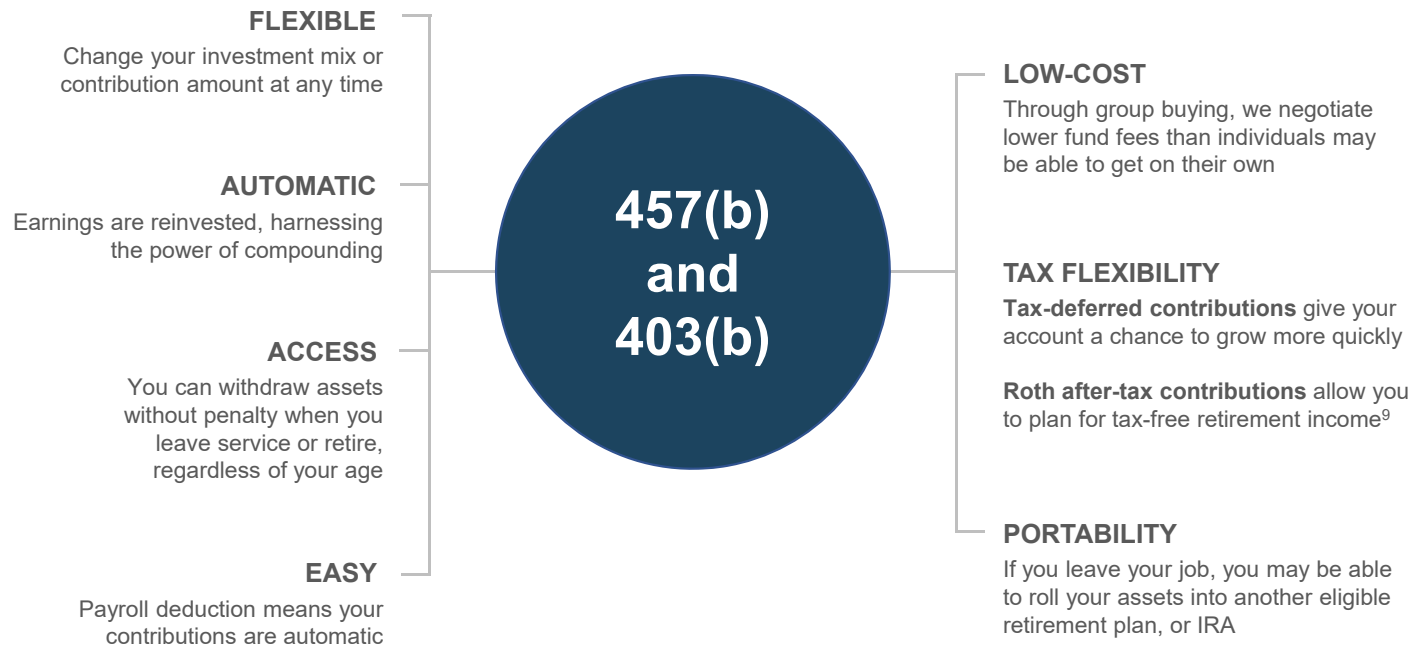
Investments monitored by the ASRS DC Governing Committee and Nationwide[®]

Legislative and regulatory changes are incorporated into the plan, assuring that you are always compliant

Plan sponsor support in Phoenix for help when needed

ASRS and Nationwide co-fiduciary plan oversight



KEY FEATURES OF 457(b) and 403(b)*





*457(b) - Any ASRS Members

*403(b) - ASRS Members with education employers



Simple Adoption Plan Process (457 plans)

		Arizona State Retirement System Supplemental Salary Deferral Plan Participation Agreement <small>Page 1 of 4</small>
Personal Information		
Name: _____		
Date of Birth: _____ SSN: _____		
Street Address: _____		
City: _____ State: _____ ZIP: _____		
Primary Phone: _____		
Employer: _____ Date of Hire: _____		
Email: _____ Plan Number (NRS Use Only): _____		
Paperless Delivery Consent		
Paperless Delivery: By providing your email address you are consenting to electronic (paperless) delivery of documents related to your retirement plan, e.g., statements, confirmations, terms, agreements, etc. Check the box below if you would prefer to receive paper copies of the documents via US Mail to the address provided above. <input type="checkbox"/> I do NOT consent to Paperless Delivery. Please provide the documents related to my retirement plan via US Mail.		
Deferral Election & Payroll Frequency		
457(b) Pre-Tax \$ _____ OR _____ % Payroll Frequency _____ Bi-Weekly		
457(b) Roth* \$ _____ OR _____ % Start Contribution On (Pay Period): _____		
Total \$ _____ OR _____ %		
<small>*Contributions to Roth are made on a post-tax basis. Use whole dollar amounts and percentages only; no decimals or fractions.</small>		
<input type="checkbox"/> Enroll me in asset rebalancing. I agree to comply with and be bound by the terms and conditions of the service including any restrictions imposed by the investment options. I understand I can obtain more information about the service, its terms and conditions by contacting the Nationwide Service Center.		
Beneficiary Designation		
IMPORTANT NOTES: 1) Allocations must total 100% for each category of beneficiary; and 2) If you designate a single primary or contingent beneficiary and do not list a percentage, it will be designated as 100%.		
<input type="checkbox"/> I have additional beneficiaries. If you want to designate more than 2 of each type of beneficiary, you may attach a page with the additional beneficiary information. Allocations must still total 100% for each category.		
Primary Beneficiary(ies) (Allocations must total 100%):		
1. Full Name: _____ Allocation: _____ %		
Relationship: _____ SSN: _____ Date of Birth: _____		
Address: _____ Phone: _____		
2. Full Name: _____ Allocation: _____ %		
Relationship: _____ SSN: _____ Date of Birth: _____		
Address: _____ Phone: _____		
Contingent Beneficiary(ies) (Allocations must total 100%):		
1. Full Name: _____ Allocation: _____ %		
Relationship: _____ SSN: _____ Date of Birth: _____		
Address: _____ Phone: _____		
2. Full Name: _____ Allocation: _____ %		
Relationship: _____ SSN: _____ Date of Birth: _____		
Address: _____ Phone: _____		
NRM-13456AZ-AZ13 (08/2022) For help, please call 1-888-292-1401 azssdp.com		

Participation Agreement

		Arizona State Retirement System Supplemental Salary Deferral Plan 457 Plan Adoption Agreement of Participation Employers
Preamble		
By this agreement, the Employer hereby adopts the ASRS Supplemental Salary Deferral Plan (SSDP) 457 Plan and permits Employees to begin contributing as of _____ (date).		
Employer Information		
Employer Name: _____		
Employer Address: _____		
City, State, & ZIP: _____ Employer Tax ID Number: _____		
Employee Contributions (check box(es))		
<input type="checkbox"/> Pre-tax per plan document <input type="checkbox"/> Roth after-tax contributions to also be enabled		
<input type="checkbox"/> Roll-over contributions per plan document		
In-service Withdrawals (check box(es))		
<input type="checkbox"/> Shall not be allowed other than per plan document		
<input type="checkbox"/> Plan to plan transfers to other active employer sponsored 457 plans allowed		
Loans (check box(es))		
<input type="checkbox"/> Shall be allowed per plan administrative agreement <input type="checkbox"/> Shall not be allowed		
Other Information for the Participating Employers		
The ASRS is responsible for administration of this Plan. Inquiries regarding the adoption of the Plan or the meaning of its provisions should be directed to the ASRS or the acting record keeper. This adoption agreement may be used only in conjunction with the ASRS Supplemental Salary Deferral Plan (SSDP) 457 Plan		
Employer Signature		
Name of Employer: _____		
Signature: _____ Date: _____		
Title: _____		
Name (please print): _____		
Date Executed: _____		
Acceptance by ASRS		
The Arizona State Retirement System (ASRS) hereby accepts the adoption of the Plan by the Employer identified in the Employer Information section.		
Arizona State Retirement System		
Signature: _____		
Title: _____		
Name (please print): _____		
Date Executed: _____		
Acceptance by the Record Keeper and/or Third Party Administrator (if applicable)		
Signature: _____		
Title: _____		
Name (please print): _____		
Date Accepted: _____		
NRM-1357AAZ-AZ11 (01/2019) For help, please call 602-266-2733 azssdp.com 1		

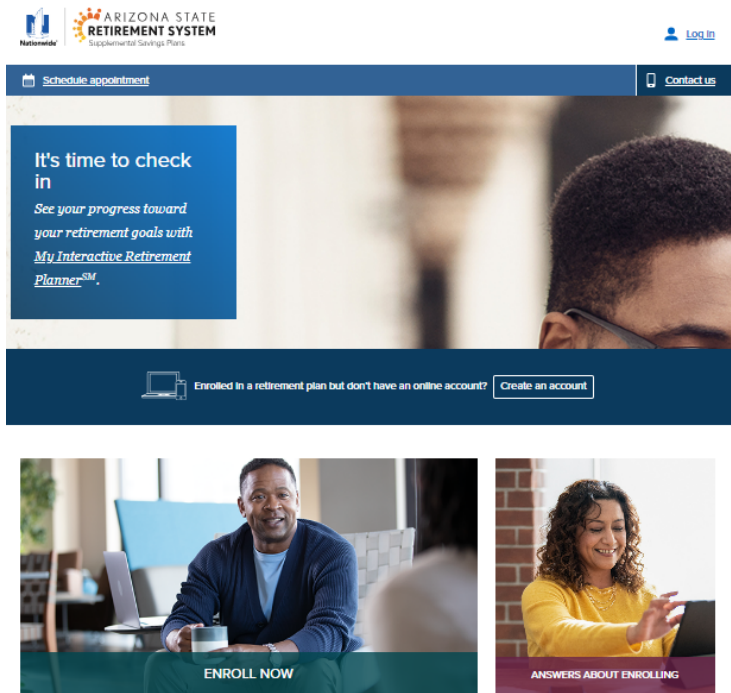
457 Plan Adoption Agreement of Participation Employers

		Arizona State Retirement System Supplemental Salary Deferral Plan Adoption Resolution
WHEREAS, the _____ <small>(Name of Political Subdivision)</small>		
hereinafter designated the Political Subdivision, through its governing body, desires to establish a supplemental defined contribution plan for all of its eligible officers and employees to be administered by the Arizona State Retirement System (hereinafter designated ASRS) under Article 2, Chapter 5, Title 38 of the Arizona Revised Statutes.		
NOW, THEREFORE, BE IT RESOLVED, that the Political Subdivision hereby adopts a Supplemental Salary Deferral Plan (hereinafter designated SSDP) established by the ASRS pursuant to Section 38-781, Arizona Revised Statutes, for the officers and employees of the Political Subdivision who are eligible for participation in the SSDP.		
BE IT FURTHER RESOLVED, that the _____ <small>(Position Title)</small>		
is designated as the Authorized Agent of the Political Subdivision and is authorized and directed as the representative of the Political Subdivision to conduct all negotiations, conclude all arrangements and sign all agreements and modifications of agreements which may be necessary to carry out the intent of the Agreement in conformity with all applicable federal and state law, rules and regulations.		
I, _____, Clerk/Secretary of the _____ <small>(Political Subdivision)</small>		
State of Arizona, do hereby certify the foregoing to be a full, true and correct copy of the resolution adopted by the _____ of the _____ <small>(Political Subdivision)</small>		
at a regular/special meeting held on the _____ day of _____, 20____, as the same appears on record in my office.		
Clerk/Secretary		
NRW-458BAZ (01/2016) For help, please call 602-266-2733 azssdp.com 1		

Adoption Resolution

Primary Website User Form

ASRS Home Page



Enroll Now



The screenshot shows the 'Your Employer' section of the ASRS Home Page. It features a 'SELECT EMPLOYER' dropdown menu. Below the dropdown is a text input field labeled 'Select your employer from the dropdown list.' Below that is a 'Required field' label. Below the 'Required field' label is a text input field labeled 'Employer' with a dropdown arrow. Below the 'Employer' field is a 'NEW EMPLOYER' link. At the bottom of the page is a footer with the ASRS logo, the text 'ARIZONA STATE RETIREMENT SYSTEM Supplemental Savings Plans', the phone number '1-888-292-1401', and social media icons for Facebook and Twitter.

www.azsrsp.com

LOCAL RETIREMENT SPECIALISTS



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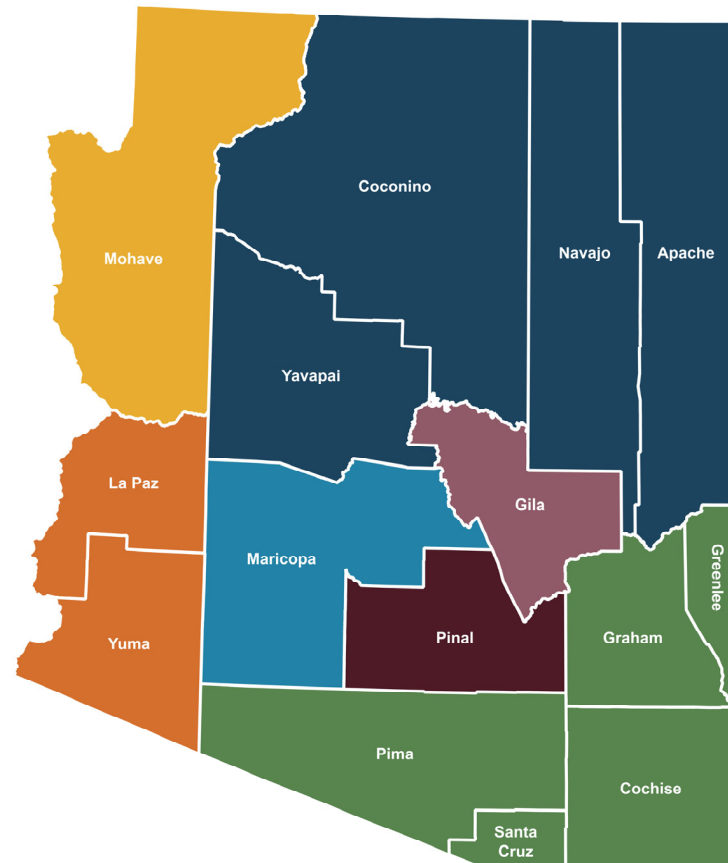
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CONTACT US



Participant website



azsrsp.com/rsc-web-preauth/index



Participant solution center

Phone: 1-888-292-1401

Monday-Friday 5 a.m. – 8 p.m. MT

Saturday 6 a.m. – 9 p.m. MT

Email: nrsforu@nationwide.com



Local office

Phone: 602-266-2733

Monday- Friday 8 a.m. to 5 p.m. MT

3300 N. Central Ave., Suite 600

Phoenix, AZ 85012



YOUR NATIONWIDE SERVICE TEAM



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Retirement Specialist



Klark Krauter
Retirement Specialist



Nancy Feilbach
Retirement Specialist



Ninoska Metcalfe
Retirement Specialist



Randall Neis
Retirement Specialist



Scott Wheeler
Retirement Specialist



Val Gonzalez
Internal Retirement
Specialist



Dan Pantoja
Personal Retirement
Specialist



Jim Keeler
Relationship Manager



Matt Gayman
Program Director



Andrew Mertz
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